



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 111325-88 (020700)									
<div style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</div> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>	<div style="text-align: center;">In re Application of Mark J. STEFIK, et al.</div> <div style="display: flex; justify-content: space-between;"><div>Application Number: 10/015,951</div><div>Filed: December 17, 2001</div></div> <div style="text-align: center;">For: DIGITAL WORKS HAVING USAGE RIGHTS AND METHOD FOR CREATING THE SAME</div> <div style="display: flex; justify-content: space-between;"><div>Group Art Unit: 3621</div><div>Examiner: Calvin L. Hewitt, II</div></div>										
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.										
	The requested extension and appropriate entity fee are as follows (check time period desired):										
	<table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td style="text-align: right;">\$ <u>1,020.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td style="text-align: right;">\$ _____</td></tr></table> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ <u>1,020.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____										
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____										
I am the <input type="checkbox"/> applicant/inventor <div style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div> <div style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,224</u>.</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"> _____ Typed or printed name</div><div style="text-align: center;"><u>January 27, 2005</u> Date <u>(202) 585-8204</u> Telephone Number</div></div>											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
<input type="checkbox"/> Total of _____ forms are submitted.											

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